

REQUEST FOR EXTENSION OF TIME TO OBTAIN SATOP EVALUATION

NAME: _____ TODAY'S DATE: _____

CASE NUMBER: _____ JUDGE: _____

DATE SATOP EVALUATION PRESENTLY DUE: _____

REASON FOR REQUEST:

HOW MUCH EXTRA TIME ARE YOU REQUESTING?: _____

PRIOR EXTENSION GRANTED?: YES ☐ NO ☐

DEFENDANT'S SIGNATURE: _____

COURT SERVICES RECOMMENDATION:

COURT SERVICES OFFICER _____

EXTENSION APPROVED: _____ EXTENSION DENIED _____

SATOP EVALUATION DUE DATE EXTENDED TO: _____

JUDGE'S SIGNATURE

DIV _____